

1 1635

VOS-022 CON

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Applicants** 

Christian Plank et al.

Application No.

10/023,317

Confirmation No.:

2272

Filed

December 17, 2001

For

COMBINATIONS FOR INTRODUCING NUCLEIC

ACIDS INTO CELLS

Group Art Unit

1635

Examiner

Angell, Jon E.

New York, New York September 27, 2007

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

# SUBMISSION OF SUPPLEMENTAL APPLICATION DATA SHEET PURSUANT TO 37 C.F.R. § 1.76(c)

Sir:

Pursuant to 37 C.F.R. § 1.76(c), Applicants have enclosed a Supplemental Application Data Sheet in connection with the above-identified patent application. The Supplemental Application Data Sheet corrects the citizenship of inventor Christian Plank from German to Austrian. Please update the information accordingly.

Applicants do not believe that any payment is due in connection with this Submission. However, the Director of the U.S. Patent and Trademark Office is hereby authorized to charge any fee that may be due in connection with this Submission to Deposit

Application No: 10/023,317 Submission of Supplemental Application Data Sheet dated September 27, 2007

Account No. 06-1075, Order No. 003747-0061. A duplicate copy of this Submission is enclosed herewith.

Respectfully submitted,

James F. Haley (Reg. No. 27,794) Attorney for Applicants

ROPES & GRAY LLP Customer No. 1473 1211 Avenue of the Americas New York, New York 10036-8704

Tel.: (212) 596-9000 Fax: (212) 596-9090

PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| Application Number     | 10/023,317                                              |                                                                                                                  |  |  |
|------------------------|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--|--|
| Filing Date            | December 17, 2001                                       | ····                                                                                                             |  |  |
| First Named Inventor   | Christian Plank                                         |                                                                                                                  |  |  |
| Art Unit               | 1635                                                    |                                                                                                                  |  |  |
| Examiner Name          | Angell, Jon E.                                          |                                                                                                                  |  |  |
| Attorney Docket Number | VOS-022 CON                                             |                                                                                                                  |  |  |
|                        | Filing Date First Named Inventor Art Unit Examiner Name | Filing Date December 17, 2001  First Named Inventor Christian Plank  Art Unit 1635  Examiner Name Angell, Jon E. |  |  |

| (Including this Transmittal Form In Duplicate)  Attorney Docket Number VOS-022 CON                                                                                                                                                                                                                                      |                                                                                   |                                                                                                                                       |                                                                                                                                                                                                                                                           |                        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| ENCLOSURES (Check all that apply)                                                                                                                                                                                                                                                                                       |                                                                                   |                                                                                                                                       |                                                                                                                                                                                                                                                           |                        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                         | Fee Transmit                                                                      | ttal Form                                                                                                                             | Drawing(s)                                                                                                                                                                                                                                                |                        |        | After /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Allowance Communication to TC                                                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                         | Submission of Application D to 37 C.F.R.  After Affida  Extension of Express Abar | Attached of Supplemental Data Sheet Pursuant § 1.76(c) Final avits/declaration(s) Time Request Indonment Request Disclosure Statement | Licensing-related Paper Petition Petition to Convert to a Provisional Application Power of Attorney, Revo Change of Corresponde Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table                                                | ocation<br>nce Address |        | Appear (Appear | al Communication to Board peals and Interferences al Communication to TC al Notice, Brief, Reply Brief) etary Information  S Letter Enclosure(s) (please Identify ):  upplemental Application Data neet (3 pages) ostcard |  |
| Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53                                                                                                                                                                                 |                                                                                   |                                                                                                                                       | No fee is believed to be due for filing these papers. However, the Director is authorized to charge any fees that may be due to Deposit Account No. 06-1075 (Order No. 003747-0061). A duplicate copy of this transmittal letter is transmitted herewith. |                        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT                                                                                                                                                                                                                                                                              |                                                                                   |                                                                                                                                       |                                                                                                                                                                                                                                                           |                        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |
| Firm Name ROPES & GRAY LLP                                                                                                                                                                                                                                                                                              |                                                                                   |                                                                                                                                       |                                                                                                                                                                                                                                                           |                        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |
| Signature J - J. Helin                                                                                                                                                                                                                                                                                                  |                                                                                   |                                                                                                                                       |                                                                                                                                                                                                                                                           |                        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |
| Printed name James F. Haley , J.                                                                                                                                                                                                                                                                                        |                                                                                   |                                                                                                                                       |                                                                                                                                                                                                                                                           |                        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |
| Date September 27, 2007                                                                                                                                                                                                                                                                                                 |                                                                                   | eptember 27, 2007                                                                                                                     |                                                                                                                                                                                                                                                           | Reg. No.               | 27,794 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |
| CERTIFICATE OF EXPRESS MAIL – Express Mail No.: EM016025861US                                                                                                                                                                                                                                                           |                                                                                   |                                                                                                                                       |                                                                                                                                                                                                                                                           |                        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |
| I hereby certify that this paper/fee and the listed enclosures are being deposited with the United States Postal Service "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22813-1450. |                                                                                   |                                                                                                                                       |                                                                                                                                                                                                                                                           |                        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |
| Signature XOSI M Charai                                                                                                                                                                                                                                                                                                 |                                                                                   |                                                                                                                                       |                                                                                                                                                                                                                                                           |                        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |
| Typed or printed name ROS                                                                                                                                                                                                                                                                                               |                                                                                   | e ROS                                                                                                                                 | SE MARIE DHANRAJ                                                                                                                                                                                                                                          | ð                      |        | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | September 27, 2007                                                                                                                                                                                                        |  |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

# SEP 2 7 2007

Express Mail No. EM016025861US

#### **Supplemental Application Data Sheet**

#### **Application Information**

Application Type:: Utility

Subject Matter:: Biotechnology Suggested Class and

**Subclass** 

Suggested Technology Center:: 1635

CD-ROM or CD-R?:: None

Sequence submission?:: No

Computer Readable Form (CRF)?:: No

Title:: COMBINATIONS FOR INTRODUCING

**NUCLEIC ACIDS INTO CELLS** 

Attorney Docket Number:: VOS-022 CON

Request for Early Publication?:: No

Request for Non-Publication?:: No

Total Drawing Sheets:: 18

Small Entity?:: Yes

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany Austria

Status:: Full Capacity

Given Name:: Christian

Family Name:: Plank

Street of mailing address:: Ulrich-Haid-Strasse 1

City of mailing address:: Seefeld

State or Province of mailing address:: Germany

Postal or Zip Code of mailing address:: 82229

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Axel

Family Name:: Stemberger

Street of mailing address:: Cramer-Klett-Strasse 35e

City of mailing address:: Neubiberg

State or Province of mailing address:: Germany

Postal or Zip Code of mailing address:: 85579

Applicant Authority Type:: Inventor

Primary Citizenship Country:: German

Status:: Full Capacity
Given Name:: Franz

Family Name:: Scherer

Street of mailing address:: Karl-Stieler-Weg 2

City of mailing address:: Lenggries

State or Province of mailing address:: Germany

Postal or Zip Code of mailing address:: 83661

## **Correspondence Information**

Correspondence Customer Number:: 1473

Representative Information

Representative Customer Number:: 1473

## **Foreign Priority Information**

| Application::    | Continuity Type::    | Parent Application:: | Filing Date:: |
|------------------|----------------------|----------------------|---------------|
| This application | Is a continuation of | PCT/EP00/5778        | 06/21/2000    |
| PCT/EP00/05778   | Claims Priority from | EP 99 11 2260.7      | 06/25/1999    |
| EP 99 11 2260.7  | Claims Priority from | DE 199 56 502.3      | 11/24/1999    |